

REQUIREMENTS FOR REACTIVATION/STATUS CHANGE/ EMPLOYMENT/CONVERSION – PEST CONTROL

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Mail or deliver required documents to:
PEST CONTROL BOARD
DCCA, PVL Licensing Division
P. O. Box 3469
Honolulu HI 96801

OR

Deliver to office location at:
335 Merchant St., Room 301
Honolulu HI 96183
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:
Molokai & Lanai: 1-800-468-4644 ext. 6-3000
Hawaii: 974-4000 ext. 6-3000
Maui: 984-2400 ext. 6-3000
Kauai: 274-3141 ext. 6-3000

NO APPLICATION/FEEES REQUIRED FOR THE FOLLOWING:

Business address (Chemical storage facility) changes (entities & sole owners) Attach completed Zoning Certification form (PC-12). P. O. Box or another address can be used for mailing.

Other address changes Submit a written request for all other changes.

CHANGING EMPLOYER

Field representative Submit a completed Confirmation of Employment form (PC-07a).

Responsible managing employee Submit an Entity Resolution form (PC-29) signed by an officer of the corporation, a partner of the partnership, LLP, or joint venture, or a manager or member of the limited liability company designating the RME, which the RME shall co-sign. The resolution shall specify the duties and responsibilities of the RME.

APPLICATION/FEEES ARE REQUIRED FOR THE FOLLOWING:

Conversion to another entity

1. \$30 fee and complete application (PC-25).
2. A "filed-stamped" copy of the Articles of Organization for the new entity filed with the Business Registration Division of the Department of Commerce and Consumer Affairs (BREG).
3. Copy of Certificate of Conversion issued by BREG.
4. Rider or new certificate of liability and worker's compensation insurance in the new name.

THE FOLLOWING ACTIONS REQUIRE BOARD APPROVAL and must be received in the board's Honolulu office at least 10 days prior to the board meeting date. Board meetings are usually scheduled in January, March, May, July, September and November. Make checks payable to Commerce & Consumer Affairs.

Presently a RME and Changing to Sole Owner

1. \$30 fee and complete application (PC-25).
2. Letter verifying disassociation from firm.
3. A current credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency **issued not more than 6 months ago**) covering at least the previous 5 years. Out-of-state applicants may apply for a credit report from a retail credit bureau in their area.
4. A current Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
5. Copy of current Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD)
6. Copy of current Trade Name Registration (if using trade name).
7. Zoning Certification form (PC-12).

Presently inactive RME and will be reactivating as sole owner

1. \$30 fee and complete application (PC-25).
2. A current credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency **issued not more than 6 months ago**) covering at least the previous 5 years. Out-of-state applicants may apply for a credit report from a retail credit bureau in their area.
3. A current Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of current Department of Agriculture pesticide certification. (FRONT AND BACK OF CARD)
5. Copy of current Trade Name Registration (if using trade name).
6. Zoning Certification form (PC-12).

Presently Inactive Corporation, Partnership, LLC, LLP or joint venture and will be Reactivating

1. \$30 fee and complete application (PC-25).
2. A **current** credit report for each officer, partner, manager, member, RME and individual sole owner (from a credit reporting agency **issued not more than 6 months ago**) covering at least the previous 5 years. Out-of-state applicants may apply for a credit report from a retail credit bureau in their area. If a partner or member is a business entity, submit business entity's credit report (i.e. Dun & Bradstreet report) or credit reports on the entity's officers.
3. A **current** Hawaii State Tax Clearance, (**not more than 6 months old**) with an original State Department of Taxation stamp or a payment arrangement letter with an original signature.
4. Copy of **current** Trade Name Registration (if using trade name).
5. Entity resolution form (PC-29) signed by an officer of the corporation, a partner of the partnership, LLP, joint venture, or a manager or member of the limited liability company designating the RME, which the RME shall co-sign. The resolution shall specify the duties and responsibilities of the RME.
6. Certificate of Good Standing for business entity which can be obtained from the Department of Commerce and Consumer Affairs, Business Registration Division (phone: (808) 586-2727).
7. Zoning Certification form (PC-12).

Presently inactive field representative and will be reactivating

1. \$30 fee and complete application (PC-25).
2. Complete Confirmation of Employment form (PC-07a).

Presently inactive and will be reactivating as RME

1. \$30 fee and complete application (PC-25).
2. A **current** credit report (from a credit reporting agency **issued not more than 6 months ago**) covering at least the last 5 years.
3. Copy of current Department of Agriculture pesticide certification (FRONT AND BACK OF CARD)
4. Entity Resolution form (PC-29) signed by an officer of the corporation, a partner of the partnership, LLP, or joint venture, or a manager or member of the limited liability company designating the RME, which the RME shall co-sign. The resolution shall specify the duties and responsibilities of the RME.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Note: Upon approval by the board, the following may be due:

- Evidence of liability-property damage insurance from an insurance company authorized to do business in Hawaii. (For general liability in the minimum amount of \$100,000 for any one claim and a minimum aggregate of not less than \$300,000 for all claims arising during a policy term of one year).
- Evidence of workers compensation insurance from an insurance company authorized to do business in Hawaii or if applicable, may sign "Exclusion" form with proof of ownership. Note: "Exclusion" form not applicable to LLC's. LLC's with no employees must file written Verification of exclusion from the State Department of Labor and Industrial Relations in lieu of worker's compensation insurance. To obtain an exclusion letter, you must submit your written request, including a statement that you are an LLC and that you have no employees to:

Gary Hamada
Department of Labor & Industrial Relations
Disability Compensation Division
830 Punchbowl St., Room 211
Honolulu HI 96813

- Applicable fees.
- A signed "*Principal RME Designation*" form (available at board's office) and, if applicable other items that may be required by the board.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR REACTIVATION, STATUS CHANGE
CONVERSION – PEST CONTROL

(Read attached instructions)

Name of Applicant

Trade Name (if any)

Hawaii Business/Residence address (include apt. no., city, state & zip code)

Mailing address (if different from above)

Social Security No.

Phone No. (days)

FOR BOARD USE ONLY

License No

Effective Date:

Branch(es): 1 2 3

Reactivate Branch Reactive License Conversion

PCO -

Check only one:

☐ Individual (sole owner)

☐ Corporation

☐ Partnership

☐ Joint Venture (J/V)

☐ Limited Liability Company (LLC)

☐ Limited Liability Partnership (LLP)

☐ Responsible Managing Employee (RME)

☐ Field Representative

License No. Held:

Branch(es) Held:

Branch(es) Reactivating:

Application is being made to: (check one)

☐ REACTIVE BRANCH

☐ REACTIVE LICENSE

☐ CHANGE STATUS

☐ CONVERSION

If applicant is corporation, partnership, J/V, LLC, or LLP, provide:

Name of RME:

Residence Address:

License No.: PCO - Phone:

If applicant is Responsible Managing Employee (RME), name of employing firm:

Mailing Address:

License No.: PCO - Phone:

Complete only if applicant is reactivating a license as a sole owner, corporation, partnership, J/V, LLC, or LLP. List name(s) of owner, officers, directors, managers or members and title.

| Full Name (First, Middle, Last) | Title | Residence Address (Give location. P.O. Box not acceptable) |
|---------------------------------|-------|---|
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I hereby certify that the statements, answers, and the representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 460J, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 460J and Hawaii Administrative Rules, Chapter 94.

Applicants Signature

Title Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

| | | |
|----------------|-----|------------|
| Appl | 475 | \$30 |
| React | 472 | \$30 |
| CRF | 477 | \$55/\$110 |
| Ren | 470 | \$25/\$50 |
| Service Charge | BCF | \$25 |

State of Hawaii
PEST CONTROL BOARD
Department of Commerce and Consumer Affairs
P.O. Box 3469
Honolulu, Hawaii 96801
www.hawaii.gov/dcca/areas/pvl

* EMPLOYMENT CHANGES MUST BE REPORTED TO THE BOARD WITHIN **10** DAYS

**FIELD REPRESENTATIVE
CONFIRMATION OF EMPLOYMENT**

RE: _____

This is to certify that I will be responsible for the acts, conduct and representations of the above-named within the scope of his/her employment as a licensed Pest Control Field Representative, and will be responsible for any violation of the pest control law, safety regulations or the Board's rules by him/her and will be subject to any disciplinary action along with him/her.

Field Representative's Signature

Responsible Managing Employee's Signature

Print Name of PCFR

/PCO-
Print Name of RME/License No.

Date _____

Firm Name _____

Firm License No. PCO-_____

* Date _____

PEST CONTROL BOARD

Department of Commerce and Consumer Affairs

P.O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Applicant _____

Address of Pest Control Business

Address of Chemical Storage facility

Tax Key No. _____

Tax Key No. _____

ZONING CERTIFICATION FORM

As an applicant or licensee for a pest control operator's license, I understand that the law requires my place of business and chemical storage facility to be located in an area zoned to allow such. I have applied directly with the County for a zoning clearance and I hereby certify the following:

1. That the business and its location and the chemical storage facility and its location (if not the same) as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business; and place of chemical storage.
3. That if there is any change of address, of the business or chemical storage facility, the board will be informed, new clearances will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal of renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

Date _____

Signed _____

PCO/RME

Legal Name
of License _____

Sole Owner, Corporation,
Partnership, LLC, LLP

Mailing Address (if different from above)

License No. PCO - _____

ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must apply for a zoning clearance with the appropriate county agency and make an attestation as to your approval (on the reverse) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

| | | |
|--|--|-----------------------------|
| County of Honolulu: | Department of Planning & Permitting City and County of Honolulu 650 So. King Street, 7th Floor Honolulu, HI 96813 | Phone: 523-4131 |
| Kakaako Community Development District: | Hawaii Community Development Authority 677 Ala Moana Blvd., #1001 Honolulu, HI 96813 | Phone: 587-2870 or 587-2865 |
| County of Hawaii: | County of Hawaii Planning Department 25 Aupuni St. Hilo, HI 96720 | Phone: 961-8288 |
| County of Kauai | County of Kauai Planning Department 4444 Rice St., Ste. 473 Lihue, HI 96766 | Phone: 241-6677 |
| County of Maui: | County of Maui Planning Department 250 South High St. Wailuku, HI 96793 | Phone: 243-7253 |

PEST CONTROL BOARD
Department of Commerce & Consumer Affairs
335 Merchant St., Room 301, P.O. Box 3469
Honolulu, Hawaii 96801

Entity Resolution

_____ hereby appoints _____,
(Name of Entity) (Name of individual)

PCO-_____, who shall be at all times a holder of a valid Hawaii pest control operator
(License No., if applicable)

license, to be its Responsible Managing Employee ("RME"). The RME shall be:

1. In a position to secure full compliance with the pest control laws and rules of the Board;
2. Familiar with all contracts the firm enters into and sees that all contract provisions are carried out. To record that familiarity, the RME shall sign or initial all contracts;
3. Familiar with all projects the firm undertakes and sees that records are kept on the projects; and
4. In residence in the State during the time the RME license is in effect or during the period a project is undertaken.

Signature of RME

Signature of Officer, Partner
Manager, or Member

Print Name of RME

Print Name of Officer, etc.

License No. PCO - _____